



County of Los Angeles CHIEF EXECUTIVE OFFICE

Kenneth Hahn Hall of Administration
500 West Temple Street, Room 713, Los Angeles, California 90012
(213) 974-1101
<http://ceo.lacounty.gov>

WILLIAM T FUJIOKA
Chief Executive Officer

January 12, 2011

To: Mayor Michael D. Antonovich
Supervisor Gloria Molina
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Don Knabe

From: William T Fujioka
Chief Executive Officer

A handwritten signature in black ink, appearing to be "W. T. Fujioka", is written over the printed name and title.

Board of Supervisors
GLORIA MOLINA
First District

MARK RIDLEY-THOMAS
Second District

ZEV YAROSLAVSKY
Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

DEPARTMENT OF HEALTH SERVICES REQUEST TO APPOINT PRISCILA MATIAS TO THE POSITION OF NURSING DIRECTOR, ADMINISTRATION

Consistent with County Policy on management appointments, the Department of Health Services (DHS) requests authorization to appoint Ms. Priscila Matias to the position of Nursing Director, Administration at an annual salary of \$161,593.32 (\$13,466.11/month), placing her onto Management Appraisal and Performance Plan (MAPP) Tier II Salary Range S14. We have reviewed the request and concur with the attached DHS request to appoint Ms. Matias.

As Nursing Director, Administration, Ms. Matias will report to the Chief Medical Officer (Medical Director II, UC) of Rancho Los Amigos National Rehabilitation Center (Rancho) and will serve as the Director, Performance Improvement and Quality Resources Management (Nursing Director, Research) for Rancho. In this capacity, Ms. Matias will lead and direct departmental functions to provide a planned, systematic, and integrated approach to risk management, performance improvement, outcomes management, accreditation readiness, infection control, and patient safety.

DHS indicates that Ms. Matias has over 28 years of County experience as a nursing professional, and has been serving as the Nursing Director, Administration for Rancho's Quality Resource Management Division in an interim capacity since May 2008. A copy of her résumé and additional information from DHS is attached.

"To Enrich Lives Through Effective And Caring Service"

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Intra-County Correspondence Sent Electronically Only**

Each Supervisor
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Accordingly, the salary placement for Ms. Matias onto MAPP Tier II Salary Range S14, which represents a 5.7 percent increase over her current salary, is consistent with the level of experience and knowledge that she brings to this position and the increased level of duties and responsibilities required for such a position within the DHS organization.

In accordance with the policy on managerial appointments, unless otherwise instructed by your Board by January 27, 2011, we will advise DHS that authorization has been granted to proceed with Ms. Matias' appointment to Nursing Director, Administration at an annual salary of \$161,593.32 effective January 28, 2011.

If you have any questions, please contact me, or your staff may contact Sheila Shima, Deputy Chief Executive Officer, at (213) 974-1160.

WTF:BC:SAS
MLM:DL:gl

Attachments

c: Executive Office, Board of Supervisors
Health Services

011211_HMHS_MBS_MATIAS

NON-PHYSICIAN MANAGEMENT APPOINTMENT REQUEST

Candidate Name: PRISCILA MATIAS

Employee No.:

(Check one) **NEW HIRE:**

PROMOTION: X

I. FACILITY/PROGRAM

A. Indicate what payroll title the employee will hold:

Classification: Nursing Director, Administration

Item No.: 5298 A

B. Describe where the position fits into the management organizational structure:

This position is critical in ensuring optimal safety and quality patient care, which is the focus of Rancho Los Amigos National Rehabilitation Center's (RLANRC) priority strategic goals.

C. Describe the duties and responsibilities which reflect the scope and complexity of the position:

The primary responsibilities of the Director, Performance Improvement and Quality Resource (Nursing Director, Administration) include but are not limited to: provide a planned, systematic, and integrated organization-wide approach to risk management, performance improvement, outcomes management, accreditation readiness, infection control, and patient safety. Working collaboratively with all departments throughout the hospital, the Director promotes a culture of quality, learning, and continuous improvement to achieve national best practice performance levels. This includes networking within the County of Los Angeles Department of Health Services (DHS) System to share tools and promote system-wide approaches to quality and performance improvement with other DHS hospitals. The Director also leads and directs departmental functions, which includes managing a staff of 14. The Director develops and mentors a team of quality consultants and mid-level managers while also providing leadership in the interpretation, implementation, and maintenance of standards to meet external requirements (e.g. Joint Commission, Commission on Accreditation of Rehabilitation Facilities (CARF), and Title 22). The Director also develops, directs, and coordinates performance improvement initiatives throughout the entire facility and integrate the measurement of clinical quality, outcomes, and service standards with those of strategic planning and operations management. Directs and coordinates the measurement of patient safety, outcomes, and satisfaction at RLANRC. Provides oversight and supervision of managers responsible for the risk management and infection control efforts of RLANRC. Directs and leads the staff who work in all of the quality activities within the department; ensuring a competent and efficient department by managing, developing, motivating, and evaluating mid-level quality managers and quality consultants. Provides organizational leadership in the interpretation, implementation, and maintenance of standards to meet external requirements. Identifies, helps design, and implement new processes and services to continually improve patient care and services. Develops and maintains collaborative relationships with medical staff, hospital leaders, and their employees. Trains organizational staff with information on performance improvement methodologies, process redesign, and data analysis. Trains organizational staff with information and providing expert advice related to governmental and regulatory requirements, including Joint Commission standards and survey process. Consults and trains staff on use of strong analytical skills and expert knowledge of statistical analyses and reporting practices pertinent to quality improvement. Effectively facilitates teams and communicates across all levels of the organization. Coaches, counsels, and mentor RLANRC staff at all levels on Performance Improvement. Plans the nature, content, and extent of nursing and administrative staff services for the achievement of both short and long term objectives for the (Quality Resources Management (QRM) Department. Directs the preparation of the budgets for assigned areas (closely monitored the Budget Plan Data on Rancho's Performance Outcome.net) including integration of QRM's budget to overall organizational budget and defends any budgetary variance and personnel action requests. Participates in strategic planning activities for QRM and RLANRC. Serves as the Liaison between RLANRC and several accreditation, licensing, and regulatory agencies.

D. Indicate the candidate's unique qualifications, special skills or abilities, work background or experience, etc.:

Experience includes 31 months in capacity as Acting Nursing Director, Administration at RLANRC and 210 months performed as an Assistant Nursing Director, Administration functioning as a Quality Improvement Manager for LAC+USC Medical Center. Candidate possesses a Masters of Science in Nursing and Education.

E. Provide the candidate's résumé or curriculum vitae

SEE ATTACHMENT

F. Identify highest paid subordinate reporting to this position

Name: _____ **Employee #:** _____ **Title:** Nurse Manager (5286A)

Base Monthly Salary: \$ 8,491.67

Base Annual Salary: \$ 101,900.04

Salary Range/Quartile: N16, Step 1

G. Identify management position above the position requested

Name: _____ **Employee #:** _____ **Title:** Medical Director II (UC) (5462A)

Base Monthly Salary: \$ 19,245.00

Base Annual Salary: \$230,940.00

Salary Range/Quartile: E26, Step 6

II. HUMAN RESOURCES

Certify that the position is vacant and budgeted

Candidate currently encumbering item YES ☒ NO ☐

Verify current salary of the individual for whom the request is being submitted.

CURRENT BASE SALARY: Month: \$ 12,741.89 Annual: \$ 152,902.68 Range, Quartile: N17, Step 20

NEW HIRE OR PROMOTION: Designate amount of proposed monthly salary based on standard 5.5 increases and/or verify that requested salary is consistent with other managers in the department.

PERCENTAGE INCREASE OVER CURRENT SALARY: 5.7 %

PROPOSED SALARY: Monthly: \$ 13,466.11 Annually: \$ 161,593.32 Range, Quartile: S14, Step13

Provide listing of all internal equivalent positions within facility/program.

Verify that candidate is listed on the appropriate Certification List and is reachable.

YES ☒ NO ☐

CURRICULUM VITAE

PRISCILA A. MATIAS

EDUCATION:

2008

Master of Science, Nursing/ Education

University of Phoenix

1980

Bachelor of Science, Nursing

Far Eastern University

WORK EXPERIENCE:

May 2008 to Present

NURSING DIRECTOR, ADMINISTRATION

QUALITY RESOURCE MANAGEMENT DIRECTOR

Provides the overall leadership and direction for defining and implementing the hospital's quality management strategy and vision that supports Rancho's strategic plan. Responsibility includes providing a planned, systematic, and integrated organization-wide approach to risk management, performance improvement, outcomes management, accreditation readiness, infection control, and patient safety. Working collaboratively with all departments throughout the hospital, the director promotes a culture of quality, learning, and continuous improvement to achieve national best practice performance levels. Networking within the County of Los Angeles Department of Health Services (DHS) System to share tools and promote system-wide approaches to quality and performance improvement with other DHS hospitals.

Leads and directs departmental functions, which includes managing a staff of 14. Develops and mentors a team of quality consultants and mid-level managers while also providing leadership in the interpretation, implementation, and maintenance of standards to meet external requirements (e.g. Joint Commission, CARF, and Title 22). Reports directly to the Chief Operations Officer with indirect reporting relationship to the Medical Director for medical quality assurance responsibilities.

- Developing, directing, and coordinating performance improvement initiatives throughout the entire facility
- Integrating the measurement of clinical quality, outcomes, and service standards with those of strategic planning and operations management
- Directing and coordinating the measurement of patient safety, outcomes, and satisfaction at RLANRC
- Providing oversight and supervision of managers responsible for the risk management and infection control efforts of RLANRC
- Directing and leading the staff who work in all of the quality

- activities within the department; ensuring a competent and efficient department by managing, developing, motivating, and evaluating mid-level quality managers and quality consultants
- Providing organizational leadership in the interpretation, implementation, and maintenance of standards to meet external requirements
- Identifying, designing, and implementing new processes and services to continually improve patient care and services
- Developing and maintaining collaborative relationships with medical staff, hospital leaders, and their employees
- Training Organizational staff with information on performance improvement methodologies, process redesign, and data analysis
- Training Organizational staff with information and providing expert advice related to governmental and regulatory requirements, including Joint Commission standards and survey process
- Consults and trains staff on use of strong analytical skills and expert knowledge of statistical analyses and reporting practices pertinent to quality improvement
- Effectively facilitate teams and communicate across all levels of the organization
- Coaching, counseling, and mentoring skills
- Experience in both acute care and inpatient medical rehabilitation is an asset

November 1991 to May 2008

**QUALITY IMPROVEMENT MANAGER/
ASSISTANT DIRECTOR OF NURSING, ADMINISTRATION**

Responsible for performing quality improvement duties within the LAC+USC Healthcare Network, including the three Comprehensive Health Centers. Areas of responsibility include: Imaging Department, Laboratory and Pathology Department, Radiation Oncology Department, Cardiac Catheterization Lab Division, Respiratory Therapy Department, Radiation Safety Department.

Quality Management Achievements include:

- Active participation as a major contributor in assisting the Network prepare for its various accreditation/inspections. Participated in seven consolidated accreditation surveys (JCAHO, IMQ, CADHS), several American College of Surgeon recertification survey for the Trauma Center, three College of American Pathologist surveys for the Laboratory and Pathology Department, two AABB and FDA surveys for the Blood Bank, and MQSA for the Mammography recertification.
- Development and implementation of Quality Management policies and procedures in accordance with applicable laws and regulations.
- Assisted in the systematic development, implementation, coordination, monitoring, maintenance and evaluation of a current effective Performance Improvement Plan.
- Educated department staff, hospital staff, and physicians about quality improvement.
- Developed and update when necessary the "Physician Survey Preparation Guide."
- Participated in promoting a team oriented, cooperative,

motivational environment.

- Served as a clinical resource to the Department/Service Chairpersons and Administrators.
- Collaborated with Risk Management staff to ensure appropriate and timely data collection and case referral and reporting of events (electronic reporting)
- Performed special investigation, intensive analysis/root cause analysis on events that were identified as critical clinical/sentinel events, reportable occurrences required by Joint Commission, CMS, State DHS including events that are deemed as having potential liability.
- Facilitated the Clinical Department timely reporting, review, development and implementation of corrective actions regarding events involving patient safety, quality of care, potential liability, claims and lawsuits as they arise out of the provision of medical services, and performed compliance monitoring of corrective action processes developed to ensure loop closures.
- Participated on committees that are considering or developing recommendation for the solution of issues having Departmental, Medical Center, Network, DHS, and Countywide impact.
- Designated Continuous Quality Improvement facilitator whose responsibility is to provide guidance, just-in-time training to process owner/victim and stakeholders for Performance Improvement Teams chartered by the organization with the ultimate goal of developing quality improvement processes utilizing the FOCUS/PDCA methodology.
- Actively work with a multidisciplinary team for the development and implementation of processes for the "ST Elevated MI Receiving Center" designation of the hospital (including the STEMI policy and procedure development and QI data collection and analysis design.
- Participates in all committees that assess/ensure continuous compliance/readiness for various surveys and inspections.
- Participated in the Radiology Tech educational program as a CQI instructor.
- Coordinated the identification and documentation of cases presented for morbidity and mortality conferences (GME activity coordinated with the Attending Staff Association).
- Prepared quality/outcome summaries for attending physicians for use in the provision of clinical privilege and re-credentialing process.(Medical Peer Review Summaries)
- Prepared comprehensive quarterly governing body reports for the aforementioned six departments.
- Tracked and appropriately referred patients identified as recipients of blood products identified by the suppliers as market withdrawals.
- Actively participated in several evidence-based practice/clinical pathways under the direction of the CRM program director.
- Participated in personnel interviews, selection, orientation, and mentoring of new Quality Improvement Managers.
- Developed and implemented a Jail Mammography Notification process to ensure appropriate and timely diagnosis and follow-up of breast abnormalities. Designating the Jail Medical Director as the primary physician ensures coordination of the continuity of care within the LA County Jail and after Jail transfer and or release.

Committees: Co-chair and/or member of the following committees:

- Trauma Committee (member)
- Blood Utilization Committee (facilitator)
- Radiation Safety Committee (member/facilitator)
- Patient Safety Committee (member)
- Network Quality Improvement Committee (member)
- Clinical Council Meetings/Morbidity & Mortality Conferences (facilitator)
- Periodic Performance Review for Laboratory (member)

April 1985-
November 1991

ACTING TRAUMA PROGRAM COORDINATOR

Los Angeles County+ University of Southern California Medical Center L
Angeles, California 90033

Concurrent with

Administrative responsibilities for
Acting Trauma Program Manager included:

- Coordination of trauma care management across the continuum of care
- Planning, development, and implementation of clinical protocols and guidelines.
- Monitoring care of in-hospital patients.
- Served as a resource for clinical practice
- Served as a liaison to administration.
- Represented the Trauma Program on various hospital and community committees.
- Assisted the Trauma Director in developing and implementing an effective QI program.
- Identified and referred cases for physician review or intervention where appropriate.
- Monitored clinical outcomes and system issues and reported to the monthly Trauma Committee.
- Identified trends and sentinel events and assisted with remedial actions while maintaining confidentiality.
- Directly supervised the trauma staff including Trauma nurses and clerical personnel, inclusive of all appropriate management duties.
- Recruitment and hiring of clerical and trauma nurse reviewers.

April 1985-
November 1991

TRAUMA NURSE ANALYST/TRAUMA REVIEW NURSE

Los Angeles County+ University of Southern California Medical Center
Los Angeles, California 90033

Concurrent with

Responsibilities include:

- Data management, identification of all major and minor trauma patients admitted to the Medical Center.
- Identification of the process of reviewing and abstracting medical records and documentation of seriously injured trauma victims.
- Utilized anatomical and medical terminologies frequently used in trauma.
- Initiated and completed a Trauma Patient Summary (TPS) for all major trauma patients and logged all minor trauma patients according to the Trauma contract.
- Understood, effectively utilized the basic principles of scoring tools such as ICD-9, Injury Severity Score, Revised Trauma Score,

Abbreviated Injury Score, TRISS, and E codes for all diagnoses, procedures and mechanism of injury.

- Participated in Network Performance Improvement activities and standards development.
- Data management, identification of all major and minor trauma patients admitted to the Medical Center.
- Identification of the process of reviewing and abstracting medical records and documentation of seriously injured trauma victims.

February 1983-
March 1985

ASSISTANT NURSE MANAGER

Los Angeles County+ University of Southern California Medical Center
Los Angeles, California 90033

- Provided direct patient care
- Human resources and discipline duties.
- Served on area committees
- Completed performance evaluations and assessment for promotability
- Timecards and payroll responsibilities.
- Coordinated and completed employee scheduling
- Enforced policies and procedures
- Participated in QI activities
- Monitored compliance with licensure, accreditation and regulatory standards.
- Direct supervision to ward staff.

March 1982-
February 1983

STAFF NURSE

Los Angeles County+ University of Southern California Medical Center
Los Angeles, California 90033
Orthopedic Ward and Infected Orthopedic Ward

- Provided direct patient care
- Served as a relief charge nurse
- Served as a preceptor to new employees and students
- Served on area committees

PROFESSIONAL LICENSE:

Registered Nurse
State of California